

COMMONWEALTH OF VIRGINIA DEPARTMENT OF MINES, MINERALS AND ENERGY DIVISION OF MINES

Inspection Number:

PO Drawer 900 • Big Stone Gap, Virginia 24219

INSPECTION REPORT

Company Name:					Mine Name or Number:					Date:			Mine Index Number:
Address:					Location:							MSHA ID Number:	
City: State: ZIP:				County:					Office Phone Number:			Mine Phone Number:	
Person with Overall Responsibility:					Person in Charge of Health and S				Safety:	fety: Division of Mines l			Representative:
Inspection Type:						Inspection Dates:							
Mine Type:						Date of Mine Map:				Engineer:			
	Dieta	nce to Face			Volume								
Distance to Face						N INTAKE :				CFM			
FAN TYPE					,	E OF FAN	CFM		FAN MOTIVE POWER		DIRECTION		
								_	1				
AIR MEASUREMENTS							DETECTED						
LOCATION VOLUME				LUME		PERCENTA	IGE:	%0	LOCATION				
		l l				l			ı				
T-4-1 E1						ning Method							
1st	Surface Underground			Daily Tonnage Active Units									
2ND					Coal Seam								
3RD					oal He								
SKD		1			our ric	ngiit	l						
Equip	STATUS: ment Type:	ACTIV.	E	☐ IDLE	☐ UNION ☐ NONUNION								
Equip	ment Type.												
Safety Talk(s): People Contact					ted:		Topics:						
Job Safety Observations:							Type:						
SCSR Evaluations: Ty			Type	'ype Passed		Failed	Accid	ents Since Last Inspection					
Comme	enta:												
Comme	iits.												
Inspect	or:												